

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: MOYER (0008871)
Address: 1911 NORTHWESTERN AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 02/17/2000
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0094226 **End Date:** 01/11/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009363 Served 03/11/2005

Deficiencies Cited
88.07(3)(a)

Subject Area
PRESCRIPTION MEDICATIONS

Compliance
Verified

Corrected

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